

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

| A        | For the 20           | 003 calendar year, or tax year beginning J                  | AN 1, 2004 a                    | nd en            | ding ,     | AUG 31,                                | 20               | 04                          |                        |
|----------|----------------------|---|---------------------------------|------------------|------------|--|------------------|-----------------------------|------------------------|
| В        | Check If             | Please C Name of organization                               |                                 |                  |            |  | Empl             | oyer identifi               | ication number         |
|          | epplicable.          | USE IPS DISABLED JOCKEYS FUN                                | D                               |                  |            |  |                  |                             |                        |
| Г        | Address<br>change    | print of BRANCH BANKING & TRU                               | ST COMPANY, TH                  | RUS'             | TEE        |  |                  |                             |                        |
| 一        | Name<br>change       | Number and street (or P.O. box if mail is n                 | ot delivered to street address) |                  |            | Room/suite E                           | Telep            | hone numb                   | er                     |
| F        | inite!               | Specific 360 EAST VINE STREET                               |                                 |                  |            |  | (₿               | 359)28                      | 1-2120                 |
| Ē        | Florat               | instruc-  |                                 |                  |            | ı                                      | Accour           | infing method:              | X Cash Accrual         |
| <u>م</u> | —iretum<br>—iAmender | 1   | -1514                           |                  |            | Ir                                     |                  | ther<br>pecify)             |                        |
| _        | i retum<br>Applicati | on Section 501(c)(3) organizations and 4947(a)(             | 1) nonexempt charitable trust   | s                | H and I    | are not applic                         |                  |                             | 27 organizations.      |
| <b>L</b> | lpending             | must attach a completed Schedule A (Form 9                  | 9ó or 990-EZ).                  |                  |            | this a group ret                       |                  |                             | Yes X No               |
| 0 1      | Website:             | N/A   |                                 |                  |            | Yes, enter num                         |                  |                             |                        |
| -        | Omenizat             | ion type (check only one) ► X 501(c) ( 3 ) < (name          | t no.) 4947(a)(1) or            |                  |            | e all affiliates in                    |                  |                             |                        |
|          |                      | e If the organization's gross receipts are norm             |                                 |                  | (If        | "No," attach a fi                      | st.)             |                             |                        |
|          |                      | on need not file a return with the IRS; but if the organiz  |                                 |                  | M(D) IS I  | this a separate :<br>nization covere   | return<br>1 by a | meu by an o<br>group ruling | ? Yes X No             |
|          |                      | I, it should file a return without financial data. Some sta |                                 |                  |            | oup Exemption                          |                  |                             |                        |
|          |                      | ,                     |                                 |                  |            |  |                  |                             | not required to attach |
|          | Crace rac            | eipts: Add lines 6b, 8b, 9b, and 10b to line 12             | 101,670                         | ۱. ا             |            | h. B (Form 990                         |                  |                             |                        |
|          |                      | Revenue, Expenses, and Changes in                           |                                 |                  |            |  |                  |                             |                        |
| 11.      |                      | Contributions, gifts, grants, and similar amounts received  |                                 | ا الما الما الما |            |  | Т                |                             |                        |
|          |                      |   |                                 | ۱, ا             |            |  | į.               | 1                           |                        |
|          |                      | Direct public support                                       |                                 |                  |            | 11                                     | 6.               |                             |                        |
|          | D                    | Indirect public support                                     |                                 | 1.               |            |  |                  |                             |                        |
|          |                      | Government contributions (grants)                           | 116 - aaaaaa e                  | <u> </u>         |            |  | <b></b> [        | 1d                          | 116.                   |
|          | d                    | Total (add lines 1a through 1c) (cash \$                    | TIO NORCASH &                   | . 00)            |            |  |                  | 2                           |                        |
|          | •                    | •   |                                 |                  |            |  |                  | 3                           |                        |
|          |                      | Membership dues and assessments                             |                                 |                  |            |  |                  | 4                           | 67.                    |
|          |                      | interest on savings and temporary cash investments          |                                 |                  |            |  |                  | 5                           | 684.                   |
|          |                      | Dividends and interest from securities                      |                                 |                  |            |  | ŀ                |                             | 001.                   |
|          | 6 a                  | Gross rents   | ts                              |                  |            |  |                  |                             |                        |
|          | b                    | Less: rental expenses                                       |                                 |                  |            |  |                  | _ [                         |                        |
|          | I .                  | • • •   |                                 | ******           | ********** |  | ··:              | 6c   7                      |                        |
| g        | 2                    | Other investment income (describe                           | (5) (5)                         |                  |            | (B) Other                              |                  | ::\s\                       |                        |
| Ę        | 1                    | Gross amount from sales of assets other                     | (A) Securities<br>100,803.      |                  |            | (B) Other                              | —[               | 49.                         |                        |
| Revenue  | 1                    | than inventory  | 01 100                          | <u>8a</u>        | ,          |  |                  | . 1                         |                        |
| -        | _                    | Less: cost or other basis and sales expenses                | 10 606                          | 86               |            |  |                  | ~~```                       |                        |
|          | C                    | Gain or (loss) (attach schedule)                            |                                 | 8C               |            |  | ─-∱              |                             | 19,606.                |
|          |                      | Net gain or (loss) (combine line 8c, columns (A) and (I     |                                 |                  |            |  |                  | - Bd                        | 13,000.                |
|          |                      | Special events and activities (attach schedule). If any a   |                                 | nere •           |            |  | ı                | ´₹Ÿ                         |                        |
|          |                      | Gross revenue (not including \$                             |                                 | . 1              | 1          |  |                  |                             |                        |
|          |                      | reported on line 1a)  | Į.                              | 9a               |            |  |                  |                             |                        |
|          |                      | Less: direct expenses other than fundraising expenses       |                                 | 9b               | L          |  |                  |                             |                        |
|          | 1                    | Net income or (loss) from special events (subtract line     | 1                               | 1                | ······     |  | ···· }           | Sc                          |                        |
|          |                      | Gross sales of inventory, less returns and allowances       |                                 | 10a              |            |  | —-[              | 4                           |                        |
|          |                      | Less: cost of goods sold                                    |                                 | 10b              | 40-1       |  | $\dashv$         |                             |                        |
|          |                      | Gross profit or (loss) from sales of inventory (attach so   | medule) (subtract line 106 from | II line          | 102)       |  | ····· ├          | 10c                         |                        |
|          | 11                   | Other revenue (from Part VII, line 103)                     | RECEIV                          | ΕĐ               |            | **                                     | ·····            | 11                          | 20,473.                |
|          |                      | Total revenue (add fines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1   |                                 |                  | <u> </u>   |  | <del>''' </del>  | 13                          | 100,261.               |
| ģ,       | 13                   | Program services (from line 44, column (B))                 | O CED I MA                      | <br>മക <i>്</i>  | Ÿ          |  | ···· }           | 14                          | 4,683.                 |
| Expenses | 14                   | Management and general (from line 44, column (C))           | JEI 3E                          | υ <b>υ</b> γ     | ··   🌣     |  | ···· }           | 15                          | 3/003.                 |
| 8        | 15                   | Fundraising (from line 44, column (D))                      |                                 | -                | -J.W.      | •••••                                  | ···· }           | 19                          |                        |
| άì       | 16                   | Payments to amiliates (attach schedule)                     | - OGDEN                         | OT               |            |  | }                | 17                          | 104,944.               |
|          | 17                   | Total expenses (add lines 16 and 44, column (A))            |                                 |                  |            |  |                  | 18                          | <84,471.>              |
| 61       | 18                   | Excess or (deficit) for the year (subtract line 17 from fi  |                                 |                  |            |  |                  | 19                          | 105,071.               |
| Net      | 19                   | Net assets or fund balances at beginning of year (from      | mie / 3, Coloniii (A))          | <br>Er Er        | CUVU       | PMRNT 1                                | ;····            |                             | <20,600.>              |
|          |                      | Other changes in net assets or fund balances (attach e      | wherethin                       | <u></u>          | نائنه بالت | ************************************** | ·····            | 20                          | 0.                     |
| 3230     |                      | Net assets or fund balances at end of year (combine lin     |                                 | *******          |            | ************                           |                  | 21 j                        | Form <b>990</b> (2003) |
| 12-1     | 7-03 L               | HA For Paperwork Reduction Act Notice, see the s            |                                 |                  |            |  |                  |                             | FVIIII #39 (4003)      |
| _        |                      |   | 1                               |                  |            |  |                  |                             | 7                      |

### DISABLED JOCKEYS FUND

|          |  |                   |  | COMPANY, TRU  |  |   |
|----------|--|-------------------|--|---|--|---|
| Par      | Statement of All of Functional Expenses and  | ganiza<br>4) org  | ations must complete column<br>panizations and section 494 | n (A). Columns (B), (C), an<br>7(a)(1) nonexempt charitab | d (D) are required for section<br>trusts but optional for othe | 501(c)(3) Page 2  |
|          | Do not include amounts reported on line<br>6b, 8b, 9b, 10b, or 16 of Part I.   | T                 | (A) Total  | (B) Program<br>services                                   | (C) Management<br>and general                                  | (D) Fundraising   |
| 22 G     | rants and allocations (attach schedule)  | 1                 | <u> </u>   |   | ` ,  |   |
|          | esh \$ noncesh \$  | 22                |  |   | The state of   | ,   |
| 23 S     | pecific assistance to individuals (attach schedule)  | 23                | 100,261.   | 100,261.  | STATEMENT 4  |   |
|          | enefits paid to or for members (attach schedule)   | F                 |  |   |  |   |
|          | ompensation of officers, directors, etc.   | 25                | 0.   | 0.  | 0.   | 0.  |
|          | ther salaries and wages  |                   |  |   |  |   |
|          | ension plan contributions  |                   |  |   |  |   |
| 28 O     | ther employee benefits   | 20                |  |   |  |   |
| 30 P     | rofessional fundraising fees   | 30                |  |   |  |   |
| 31 A     | counting fees  | 31                | 4,000.   |   | 4,000.   |   |
| 32 L     | egal fees  | 32                | ***************************************                    |   |  |   |
| 33 S     | upplies  | 33                |  |   |  |   |
|          | Sephone  |                   |  |   |  |   |
|          | ostage and shipping  | 35                |  |   |  |   |
| 36 O     | ссирапсу   | 36                |  |   |  |   |
|          | quipment rental and maintenance  |                   |  |   |  |   |
|          | rinting and publications   | 1                 |  |   |  |   |
|          | avel   |                   |  |   |  |   |
|          | onferences, conventions, and meetings  |                   |  |   |  |   |
|          | terest   | 41                |  |   |  |   |
|          | epreciation, depletion, etc. (attach schedule)<br>ther expenses not covered above (itemize):                                   | 42                |  |   |  |   |
|          | TATE FEES &  | 43a               |  |   |  |   |
| -        | EGISTRATIONS   | 43b               | 100.   |   | 100.   |   |
|          | IDUCIARY FEES  | 43c               | 583.   |   | 583.   |   |
| 4        |  | 430               |  |   |  |   |
| e _      |  | 43e               |  |   |  |   |
| 44 0     | ital functional expenses (add lines 22 through 43)<br>partizitors completing columns (8)-(0), carry these bluis to lines 13-15 | 44                | 104,944.   | 100,261.  | 4,683.   | 0.  |
| Joint (  | Costs. Check 🕨 🔲 if you are following SOP 9  | 8-2.              |  |   |  |   |
| Are an   | y joint costs from a combined educational campa  | ព្ធភ ឧព           | d fundraising solicitation re                              | ported in (B) Program serv                                | ices? > L  | Yes L∆_ No  |
| If Yes   | enter (i) the aggregate amount of these joint co   | sts Ş             |  | (II) the amount allocated to                              | Program services \$  |   |
|          | e amount allocated to Management and general a till Statement of Program Servi   |                   |  | (iv) the amount allocated to                              | o runoraising a  | *   |
| Par      | s the organization's primary exempt purpose?   | S                 | FE STATEMENT   | 3   |  |   |
| What i   | s the organization s primary exempt purpose?   |                   | HE CINILITIES  |   |  | Program Service   |
| All orga | nizations must describe their exampt purpose achievemen  | ta In a           | clear and concise manner State                             | the number of clients served, p                           | ublications Issued, etc. Discuss                               | Expenses (Flequired for 501(c)(3) and                       |
|          | ments that are not measurable. (Section 501(c)(3) and (4) ones to others)  | geniza<br>Tieniza | tions and 4947(a)(1) nonexempt                             | Custospie tursta turst siao euta                          | rene amount of grants and                                      | (4) orgs , and 4947(a)(1) trusts; but optional for others ) |
| aD       | ISTRIBUTIONS MADE TO   | TOC               | KEYS WHO ARE   | PERMANENTLY   | OR   |   |
| 1        | EMPORARILY DISABLED.   |                   |  |   |  |   |
| -        |  |                   |  |   | 100 001  | 100 261   |
|          |  |                   | (  | Grants and allocations \$                                 | 100,261.)  | 100,261.  |
| p        |  |                   |  |   |  |   |
| -        |  |                   |  |   |  |   |
| _        |  |                   |  | Grants and allocations \$                                 | 1  |   |
| _        |  |                   |  | CITATICS EIN BIOCECONS &                                  |  |   |
| · _      |  |                   |  |   |  |   |
|          |  |                   |  |   |  |   |
| ****     |  |                   |  | Grants and allocations \$                                 | )  |   |
| d _      |  |                   |  |   |  |   |
| _        |  |                   |  |   |  |   |
|          |  |                   |  |   |  |   |
|          |  |                   | ** · · · · · · · · · · · · · · · · · ·                     | Grants and allocations \$                                 | <u> </u>   |   |
| - C      | her program services (attach schedule)   |                   | {  | Grants and allocations \$                                 | 31   |   |
|          |  |                   | Lacking (O) December                                       | -dose\  |  | 100.261.  |
|          | ital of Program Service Expenses (should equal   | ine 4             | 4, column (B), Program ser                                 | vices)  | <u>.</u>   | 100,261.<br>Form 990 (2003)                                 |

Form 990 (2003)

| Note:                       |          | re required, attached schedules and amou<br>ild be for end-of-year amounts only.          | ints within the description column   | (A)<br>Beginning of year |          | (B)<br>End of year |
|-----------------------------|----------|---|--|--------------------------|----------|--------------------|
| ï                           | AF.      | Cook - and interest throwing  |  |                          | 45       |                    |
|                             | 45<br>46 | Cash - non-interest-bearing   |  | 3,273.                   | 46       |                    |
|                             |          |   | , ,  |                          | 1        |                    |
|                             | 47 a     | Accounts receivable   |  |                          | 47.      |                    |
|                             | þ        | Less: allowance for doubtful accounts   | 1 1 5 1  |                          | 47c      |                    |
|                             | 40 -     | Pledges receivable  | 1 2 2.   |                          |          |                    |
|                             |          | Less: allowance for doubtful accounts   |  |                          | 48c      |                    |
|                             | 49       | Grants receivable   |  |                          | 49       |                    |
|                             | 50       | Receivables from officers, directors, trustees,   |  |                          |          |                    |
|                             |          | and key employees   |  |                          | 50       |                    |
| Assets                      |          | Other notes and loans receivable  |  |                          | .        |                    |
| As                          | b        | Less: allowance for doubtful accounts   |  |                          | 51c      |                    |
|                             | 52       | Inventories for sale or use   |  |                          | 52       | ,                  |
|                             | 53       | Prepaid expenses and deferred charges   |  |                          | 53       |                    |
|                             | 54       | Investments - securities  | ► L_J Cost L_J FMV   |                          | 54       |                    |
|                             | 55 a     | Investments - land, buildings, and  | lee-1  |                          |          |                    |
|                             |          | equipment: basis  | 553  |                          |          |                    |
|                             |          | Less: accumulated depreciation  | 55h  |                          | 55c      |                    |
|                             | 56       | Investments - other   | SEE STATEMENT 5  | 101,798.                 | 56       | 0.                 |
|                             |          | Land, buildings, and equipment: basis   |  |                          |          |                    |
|                             | h        | Less: accumulated depreciation  | 57b  |                          | 57c      |                    |
|                             | 58       | Other assets (describe  |  |                          | 58       | ·                  |
|                             |          | •   |  |                          |          | _                  |
|                             | 59       | Total assets (add lines 45 through 58) (must  |  | 105,071.                 |          | 0.                 |
|                             | 60       | Accounts payable and accrued expenses   |  |                          | 60       |                    |
|                             | 61       | Grants payable  |  | •                        | 61       |                    |
| 65                          | 62       |   |  |                          | 62<br>63 |                    |
| Lisbilities                 | 63       | Loans from officers, directors, trustees, and k   |  |                          | 64a      |                    |
| B Di                        |          | Tax-exempt bond liabilities   | The state of the s |                          | 64b      |                    |
| =                           |          | Mortgages and other notes payable  Other liabilities (describe                            | 1  |                          | 65       |                    |
|                             | 65       | Other Habitities (describe  | /  |                          |          |                    |
|                             | 66       | Total Ilabilities (add lines 60 through 65)   |  | 0.                       | 65       | 0.                 |
|                             |          | nizations that follow SFAS 117, check here  | X and complete lines 67 through  |                          |          |                    |
|                             | •        | 69 and lines 73 and 74.   |  |                          |          | •                  |
| Ses                         | 57       | Unrestricted  |  | 105,071.                 | 67       | 0.                 |
| fan<br>Car                  | 68       | Temporarily restricted  |  |                          | 68       |                    |
| 8                           | 69       | Permanently restricted  |  |                          | 69       |                    |
| Š                           | Orgai    | nizations that do not follow SFAS 117, check i  | nere L and complete lines  |                          |          |                    |
| F                           |          | 70 through 74.  | 1  |                          | v        |                    |
| Net Assets or Fund Balances | 70       | Capital stock, trust principal, or current funds  |  |                          | 70       |                    |
| 1536                        | 71       | Paid-in or capital surplus, or land, building, as   |  |                          | 72       |                    |
| et A                        | 72<br>73 | Retained earnings, endowment, accumulated<br>Total net assets or fund balances (add lines |  |                          |          |                    |
| Net                         | 13       | column (A) must coust line 19; column (B) m   |  | 105,071.                 | 73       | 0.                 |
|                             | 74       | Total Habilities and net assets / fund balance  | · · · · · · · · · · · · · · · · · · ·  | 105,071.                 |          | 0.                 |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

DISABLED JOCKEYS FUND

|     | n 990 (2003) BRANCH BANKING & TRUS  |  |                                     |                        |   |   | Page 4                                  |
|-----|---|--|-------------------------------------|------------------------|---|---|---|
| P   | irt IV-A Reconciliation of Revenue per Audited  | Par  | t IV-B Re                           | conç                   | iliation of Exp                         | enses per   | Audited                                 |
|     | Financial Statements with Revenue per   |  |                                     |                        | al Statements                           | with Expe   | nses per                                |
|     | Return  | -  |                                     | turn                   | nege Bar                                |   | *************************************** |
| 7   | Total revenue, gains, and other support per audited financial statements  N/A                                     | ı a  | Total expense:                      | s ano 10<br>iai state: | sses per<br>ments                       | ▶ a   | N/A                                     |
|     |   | b  | Amounts inclu                       | no babu                | line a but not on                       |   |   |
| Þ   | Amounts included on line a but not on line 12, Form 990:  |  | line 17, Form                       |                        |   | 11  |   |
| /41 | Net unrealized gains  | (1)  | Donated service and use of fac      |                        | \$                                      |   |   |
| {+} | on investments\$  | 12   | Prior year adju                     |                        | *************************************** |   | •                                       |
| 100 |   | 140  | reported on fir                     |                        | •                                       |   | , ,                                     |
| (2) | Donated services  |  |                                     |                        |   | 11  |   |
|     | and use of facilities\$   |  |                                     |                        | \$                                      |   |   |
| (3) | Recoveries of prior   | (3)  | Losses report                       |                        |   | 11  |   |
|     | year grants\$   | l  |                                     |                        | \$                                      |   |   |
| (4) | Other (specify):  | (4)  | Other (specify                      | ·):                    | _                                       | 11  | • •                                     |
|     |   |  |                                     |                        | \$                                      | <del></del>  .}                                       |   |
|     | Add amounts on lines (1) through (4) b  | ł  | Add amounts                         | on lines               | (1) through (4)                         |   |   |
| £.  | Line a minus fine b   | ε  |                                     |                        |   | <b>&gt;</b>   <u> </u>   <u> </u>                     |   |
| đ   | Amounts included on line 12, Form   | đ  | Amounts inclu                       |                        |   | ľ   |   |
|     | 990 but not on line a:  | l  | 990 but not or                      |                        | •                                       |   | 9.4                                     |
| (1) | Investment expenses   | (1   | investment ex                       | penses                 |   |   | • •.                                    |
|     | not included on   |  | not included o                      |                        |   |   |   |
|     | line 6b, Form 990\$   |  | line 6b, Form                       | 990                    | \$                                      |   |   |
| (2) | Other (specify).  | (2   | Other (specify                      | '}.                    |   |   | ,                                       |
|     | \$\$  | _  |                                     |                        | \$                                      | }   | w:                                      |
|     | Add amounts on lines (1) and (2) b d  |  | Add amounts                         | on lines               | (1) and (2)                             | ▶ a   |   |
| e   | Total revenue per line 12, Form 990   | е  |                                     |                        | e 17, Form 990                          |   |   |
|     | (line c plus line d)  | <u> </u>   | (line & plus lin                    | e d) ,                 |   | <b>&gt;</b>   e                                       |   |
| Pa  | rt V List of Officers, Directors, Trustees, and Key I   | Empl   | oyees (Ust o                        | each on                | e even if not compen                    | isated.)  |   |
|     |   | (B) T  | itie and average<br>er week devoted | hours                  | (C) Compensation                        | (D) Contributions<br>employee bene<br>plans & deferre | (E) Expense                             |
| )   | (A) Name and address  | <u> </u>   | position                            | 110                    | (if not paid, enter                     | plans & deterre<br>compensation                       | other allowances                        |
| BR  | ANCH BANKING & TRUST COMPANY  | TRU  | STEE                                |                        |   |   |   |
|     | O EAST VINE STREET  |  |                                     |                        |   | -   |   |
| ĪĒ  | XINGTON, KY 40507-1514  | NON  | INAL                                |                        | 0.                                      | \ <u>C</u>  | 583.                                    |
|     |   |  |                                     |                        | •                                       |   |   |
|     |   |  |                                     |                        |   |   |   |
|     | (B)   |  |                                     |                        |   |   |   |
| -   |   |  |                                     |                        |   |   |   |
|     |   |  |                                     |                        |   |   |   |
|     |   | 1  |                                     |                        |   |   |   |
| 4-4 |   |  |                                     |                        |   |   |   |
|     |   |  |                                     |                        |   | 1   |   |
|     |   | İ  |                                     | :                      |   |   |   |
|     |   |  |                                     |                        |   |   |   |
|     |   |  |                                     |                        |   |   |   |
|     |   | 1  |                                     |                        |   |   |   |
|     |   |  |                                     |                        |   |   |   |
|     |   |  |                                     |                        |   |   |   |
|     |   | 1  |                                     |                        |   |   |   |
|     |   | T  |                                     |                        |   |   |   |
|     |   |  |                                     |                        |   |   |   |
|     |   | 1  |                                     |                        |   |   |   |
|     |   |  |                                     |                        |   |   |   |
|     |   |  |                                     |                        | 1                                       |   | 1                                       |
|     | ***************************************   | ļ  |                                     |                        |   |   |   |
|     |   | <del>                                     </del> |                                     |                        |   | 1   |   |
|     |   |  |                                     |                        |   |   |   |
|     |   |  |                                     |                        |   |   | 1                                       |
| 76  | Did any officer, director, trustee, or key employee receive aggregate compensat                                   | on of  | more than \$100                     | DOD for                | m vous omanization                      | and all related                                       |   |
| /3  | oid any onicer, director, trustee, or key employee receive aggregate compensations and the related organizations. | ations   | ? If "Yes." attach                  | schedu                 | ie. > Yes                               | X No  |   |
| 1   | rigenseauting, of missis there then a repose may provided by the related bigains                                  |  |                                     |                        |   |   |   |

#### DISABLED JOCKEYS FUND BRANCH BANKING & TRUST COMPANY, TRUSTEE

|                 | *YI Other Information  |              | Yes         | No           |
|-----------------|--|--------------|-------------|--------------|
|                 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   | 76           |             | X            |
| 76              | Were any changes made in the organizing or governing documents but not reported to the IRS?  | 77           |             | X            |
| 77              | · ·  |              |             |              |
| <b>70</b> - 1   | If "Yes," attach a conformed copy of the changes.  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  | 78a          |             | X            |
| /0 E            | bid the organization have unreased business gross income of \$1,000 or more during the year covered by this returns N/A  | 78b          |             |              |
|                 | If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the year?   | 79           |             | X            |
| 79              |  |              |             |              |
|                 | If "Yes," attach a statement   |              |             |              |
| 80 a            |  | 80a          | x           |              |
|                 | governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?   | 004          | <u> </u>    |              |
| þ               | If Yes, enter the name of the organization JOCKEYS' GUILD, INC.  and check whether it is X exempt or nonexempt   | ,            |             | •            |
|                 |  |              |             |              |
| 81 a            |  |              | 1           | X            |
|                 | Did the organization file Form 1120-POL for this year?   | 81b          |             |              |
| 82 a            | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than   |              |             | x            |
|                 | fall on what yourse  | R2:          |             | <del>^</del> |
| þ               | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an amount as I say I N/A   |              | ,           |              |
|                 | expense at Last at foca attack and attack an |              | v.          |              |
| 83 a            | Did the organization comply with the public inspection requirements for returns and exemption applications?  | 83a          | X           |              |
| b               | Did the organization comply with the disclosure requirements relating to guid pro quo contributions?   | 83b          | X           |              |
| 84 a            | Old the organization solicit any contributions or gifts that were not tax deductible?  | 84a          |             |              |
| b               | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not  | ۳.           | , ,         | **           |
|                 | lax deductible?  | 84b          |             |              |
| 85              | 501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?  | 85a          |             |              |
| b               | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  | 85b          | ļ           |              |
|                 | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax  | ļ .·         | -           |              |
|                 | owed for the prior year.   |              |             | ζ.           |
| ¢               | Dues, assessments, and similar amounts from members 85c N/A  | ٠            | ٠. ٠        | Ş.           |
| đ               | Section 162(e) lobbying and political expenditures   |              | ., `        | ķ            |
| 8               | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   | ò            | ·/·;`       | * *          |
| f               | Taxable amount of lobbying and political expenditures (line 85d less 85e) 851 N/A  | <u> </u> ′.  | . `         | <i>i</i>     |
| Q               | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  | 85g          |             |              |
| h               | If section 5033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues  | 1            | 1           |              |
|                 | allocable to nondeductible tobbying and political expenditures for the following tax year?   | 85h          |             | 7            |
| 86              | 501(c)(/) organizations. Enter: a initiation fees and capital contributions included on line 12  | [            | 150         | 2.           |
| b               | Gross receipts, included on line 12, for public use of club facilities   | <b>]</b> ''  | ٠,,~        |              |
| 87              | 501(c)(12) organizations. Enter: a Gross income from members or shareholders   | ]、 /,        | ` : .       |              |
| b               | Gross income from other sources. (Do not net amounts due or paid to other sources  | ١            | <i>""</i> . | ,            |
|                 | against amounts due or received from them.) 87b N/A  | لندنسا       | ļ           | ù            |
| 88              | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,   |              | 1           | 1            |
|                 | or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?   | 1            |             |              |
|                 | If Yes,' complete Part IX  | 88           | <u> </u>    | X            |
| 89 a            | and the same of th | \ <u>\</u> \ | - `         | " ,          |
|                 | section 4911 ▶ 0 : section 4912 ▶ 0 : section 4955 ▶ 0 .   |              |             |              |
| b               | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit  | 1            |             |              |
|                 | transaction during the year or did it become aware of an excess benefit transaction from a prior year?   |              | 1           | •            |
|                 | If "Yes," attach a statement explaining each transaction   | 896          | <u> </u>    | X            |
| c               | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under  |              |             |              |
|                 | sections 4912, 4955, and 4958  |              |             | 0.           |
| đ               | Enter: Amount of tax on line 89c, above, reimbursed by the organization  |              |             | 0.           |
| 20 z            | List the states with which a copy of this return is filed KENTUCKY   |              |             |              |
| b               | frumber of crantovers charloved in the pay period that includes March 12, 2003   |              |             | 0            |
| 91              | The books are in care of ►BRANCH BANKING & TRUST COMPANY Telephone no. ► 859-28  | <u> 31–2</u> | 2120        | <u> </u>     |
|                 |  |              |             |              |
|                 | Located at ► 360 EAST VINE STREET LEXINGTON, KY ZIP+4 ►  | 1050         | <u> </u>    | <u>514</u>   |
|                 |  |              |             |              |
| 92              | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Ferm 1041- Check here  |              | اح پڙ       |              |
| -               | and enter the amount of tax-exempt interest received or accrued during the tax year > 92   | N/           |             | ****         |
| 32304<br>12-17- | 1  | Fo           | m 990       | (2003)       |

Form 990 (2003)

DISABLED JOCKEYS FUND
BRANCH BANKING & TRUST COMPANY, TRUSTEE

| Part VII Analysis of Income-Pr                    | 11   | S (See page 33 of the instr   | uctions)                                      | by section 512, 513, or 514        |                             |
|---|--|-------------------------------|---|------------------------------------|-----------------------------|
| Note: Enter gross amounts unless otherwis         | e (A)  | elated business income        | (C)   | (D)                                | (E)                         |
| indicated.  | Busines:   | (8)<br>S Amount               | Exclu-  | Amount                             | Related or exempt           |
| 93 Program service revenue.                       | code   | - Pationic                    | code  |                                    | function income             |
| a`  |  |                               |   |                                    |                             |
| b   |  |                               |   |                                    |                             |
|   |  |                               |   |                                    |                             |
| d   | i  |                               |   |                                    | ······                      |
| <b>A</b>  |  |                               |   |                                    |                             |
| Medicare/Medicaid payments                        |  |                               |   |                                    |                             |
| g Fees and contracts from government agence       | į į  |                               |   |                                    |                             |
| 94 Membership dues and assessments                |  |                               |   |                                    |                             |
| 95 Interest on savings and temporary cash inv     |  |                               | 14  | 67.                                |                             |
| 96 Dividends and Interest from securities         | i  |                               | 14  | 684.                               |                             |
| 97 Net rental income or (loss) from real estate.  |  |                               |   |                                    |                             |
|   | 1  |                               |   |                                    |                             |
| a debt-financed property                          | · · ·  |                               |   |                                    |                             |
| b not debt-financed property                      | 1  |                               |   |                                    |                             |
| 98 Net rental income or (loss) from personal p    |  |                               |   |                                    |                             |
| 99 Other investment income                        |  |                               |   |                                    |                             |
| 100 Gain or (loss) from sales of assets           |  |                               | 18  | 19,606.                            |                             |
| other than inventory                              |  |                               | <del>-  </del>                                |                                    | <u> </u>                    |
| 101 Net income or (loss) from special events      | i  |                               |   |                                    |                             |
| 102 Gross profit or (loss) from sales of inventor | у  |                               |   |                                    |                             |
| 103 Other revenue.                                |  |                               |   |                                    |                             |
|   |  |                               |   |                                    |                             |
| b   |  |                               |   |                                    |                             |
| 6   |  |                               |   |                                    |                             |
| d   |  |                               |   |                                    |                             |
|   |  |                               |   |                                    |                             |
| 104 Subtotal (add columns (B), (D), and (E))      |  | 1                             | <u>) .                                   </u> | 20,357.                            | <u> </u>                    |
| 105 Total (add line 104, columns (B), (D), and (  | (E)}   |                               |   |                                    | 20,357.                     |
| Note: I los 105 alus line 1d. Part I, should el   | aual the amount on line                                      | e 12. Part I.                 |   |                                    |                             |
| Part VIII Relationship of Activit                 | iles to the Accom  | aplishment of Exer            | npt Pun                                       | poses (See page 34 of the          | Instructions.)              |
| Line No.   Explain how each activity for which    | Income is reported in co                                     | lumn (E) of Part VII contribu | ited importa                                  | intly to the accomplishment o      | of the organization's       |
| exempt purposes (other than by pro                | aviding funds for such pu                                    | rrposes).                     |   |                                    |                             |
|   |  |                               |   |                                    |                             |
|   |  |                               |   |                                    |                             |
|   |  |                               |   |                                    |                             |
|   |  |                               |   |                                    |                             |
| Part IX Information Regarding                     | Taxable Subsid   | iaries and Disrega            | rded En                                       | tities (See page 34 of the         | instructions.)              |
| (A)   | (B)  | (C)<br>Nature of activities   |   | (0)<br>Total income                | (E)<br>End-of-year          |
|   | Percentage of wnership interest                              | Mature of activities          |   | I QUAL RICULIA                     | assets                      |
| partitions, or disregarded entity                 | %  |                               |   |                                    |                             |
| N/A   | %  |                               |   |                                    |                             |
| - 1/2   | %  |                               |   |                                    |                             |
|   |  |                               |   |                                    |                             |
| Part X Information Regarding                      | % <br>- Tf Assa  | aintad with Dames             | al Rene                                       | fit Contracts (See pag             | e 34 of the instructions.)  |
| Part X Information Regarding                      | j ransiers Asso  | Ligitu Willi Fei SU!          | ON 1 CAPA                                     | nal hanefit contract?              | Yes X No                    |
| (a) Did the organization, during the year, rece   | ive any runds, directly or                                   | indirectly, to pay premiums   | on a peiso                                    | isoi veiseik cuntiacti             | Yes X No                    |
| (b) Did the organization, during the year, pay    | premiums, directly or ind                                    | irectly, on a personal benef  | it contract?                                  | ******************                 | 160                         |
|   |  | impanying schedules           | and statemen                                  | its, and to the best of my knowled | ige and belief, it is true, |
|   |  | prination of which pre        | perechas arry                                 |                                    | TOUT OFFICE                 |
| Burl Banandrown and I ale a major an              | to the state Analysis and the company of asserting in the co | 11415                         | 1356  |                                    | 11031 DIT ICTE              |
|   |  | 7                             | Type or p                                     | Check if                           | Le                          |

#### **SCHEDULE A** (Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

2003

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization DISABLED JOCKEYS FUND

Employer identification number

BRANCH BANKING & TRUST COMPANY, TRUSTEE Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (e) Expense account and other (b) Title and average hours per week devoted to position (a) Name and address of each employee paid (c) Compensation more than \$50,000 allowances NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service NONE Total number of others receiving over

\$50,000 for professional services

DISABLED JOCKEYS FUND

|            | ale A (Form 990 or 990-EZ) 2003 BRANCH BANKING & TRUST COMPANY, TRUSTEE  |            |         | age a             |
|------------|--|------------|---------|-------------------|
| Par        | Statements About Activities (See page 2 of the Instructions )  |            | Yes     | No                |
| D          | rring the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence  |            |         | Г                 |
|            | iblic opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the  |            |         |                   |
|            | obying activities > \$ (Must equal amounts on line 38, Part VI-A,  |            |         |                   |
|            | line i of Part VI-8.)  | 1          |         | X                 |
|            | ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking   |            |         |                   |
|            | es," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities   |            |         |                   |
| Ð          | rring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,   |            |         | ′                 |
|            | istees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such   |            |         |                   |
| p          | rson is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"  |            |         |                   |
| a          | tach a detailed statement explaining the transactions.)  | <i>"</i> . |         | <u>.</u>          |
| a S        | ie, exchange, or leasing of property?  | 28         |         | <u> </u>          |
|            |  |            |         | ١                 |
| b L        | nding of money or other extension of credit?   | 2b         |         | X                 |
|            |  |            |         | ۱                 |
| c F        | mishing of goods, services, or facilities?   | <u>2c</u>  |         | X                 |
|            |  |            |         | ١.                |
| <b>d</b> P | yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  | 2d         | ļ       | X                 |
|            |  |            |         |                   |
| e T        | ansfer of any part of its income or assets?  | 2e         |         | ×                 |
| • n        | you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how  |            |         | ١.,               |
| V          | u determine that recipients qualify to receive payments.)  | 3a         |         | \ \ \ \ \ \ \ \ \ |
| D D        | you have a section 403(b) annuny plan for your employees?  | 3b         | <b></b> | ┵                 |
| D          | d you maintain any separate account for participating donors where donors have the right to provide advice   | ١.         |         | <b>\</b>          |
| 0          | the use or distribution of funds?    V   Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)   | 4          | l       |                   |
|            |  |            |         |                   |
|            | ganization is not a private foundation because it is: (Please check only ONE applicable box.)  |            |         |                   |
| 5          | A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).   |            |         |                   |
| δ<br>-     | A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)  |            |         |                   |
| 7          | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  |            |         |                   |
| 0          | A receral, state, or local government of governmental unit. Section 170(b)(1)(A)(iii). Enter the hospital's name, city.  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city.  |            |         |                   |
| 9          | and state  |            |         |                   |
| 40         | An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).  |            |         |                   |
| 10         | (Also complete the Support Schedule in Part IV-A.)   |            |         |                   |
| 11a        | An organization that normally receives a substantial part of its support from a governmental unit or from the general public.  |            |         |                   |
| 114        | Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)   |            |         |                   |
| 11h        | A community trust. Section 170(b)(1)(A)(vI). (Also complete the Support Schedule in Part IV-A.)  |            |         |                   |
| 11b<br>12  | An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross  |            |         |                   |
| • •        | receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of   |            |         |                   |
|            | its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired   |            |         |                   |
|            | by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)   |            |         |                   |
|            | at me arfanisanan antaraant and an arrangement and the transfer to the arrangement and the second and the secon |            |         |                   |
| 13         | An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described   | ibed in    | :       |                   |
|            | (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2), (See section 509(a)(3).)  |            |         |                   |
|            | Provide the following information about the supported organizations. (See page 5 of the instructions.)   |            |         |                   |
|            | (a) Name(s) of supported organization(s)   |            | ne nur  |                   |
|            |  |            |         |                   |
|            |  |            |         |                   |
| <u></u>    |  |            |         | -                 |
| 14         | An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)   |            |         |                   |

Schedule A (Form 990 or 990-EZ) 2003 BRANCH BANKING & TRUST COMPANY, TRUSTEE

| Pa       | **Support Schedule (C Note: You may use the   | complete only if you che worksheet in the insti            | cked a box on line 10 ructions for converting | , 11, or 12.) Use cash<br>I from the accrual to th   | method of accou<br>e cash method of | unting<br>/ accc | g.<br>ounting.                  |
|----------|---|--|---|--|-------------------------------------|------------------|---------------------------------|
| begin    | dar year (or fiscal year  | (a) 2002   | (b) 2001                                      | (c) 2000   | (d) 1999                            |                  | (e) Total                       |
| 15       | Gifts, grants, and contributions<br>received (Do not include unusual<br>grants See line 28)   | 118.   | 4,100.  | 195,127.   | 263,91                              | 0.               | 463,255.                        |
| 16       | Membership fees received  |  |   |  |                                     |                  |                                 |
| 17       | Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose   |  |   |  | 14,34                               | 1.               | 14,341.                         |
| 18       | Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the | 12.000   | 24.075  | 45 079   | 42,00                               | 16               | 136,047.                        |
|          | organization after June 30, 1975  | 13,988.  | 34,975.                                       | 45,078.  | 42,00                               | -                | 130,047.                        |
| 19       | Net income from unrelated business activities not included in line 18   |  |   |  |                                     | ı                |                                 |
| 20       | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf  |  |   |  |                                     |                  |                                 |
| 21       | The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.                   |  |   |  |                                     |                  |                                 |
| 22       | Other Income. Attach a schedule.<br>Do not include gain or (loss) from<br>sale of capital assets  |  |   |  |                                     |                  |                                 |
| 23       | Total of lines 15 through 22  | 14,106.  | 39,075.                                       | 240,205.   | 320,25                              | 7.               | 613,643.                        |
| 24       | Line 23 minus line 17   | 14,106.  | 39,075.                                       | 240,205.   | 305,91<br>3,20                      |                  | 599,302.                        |
| 25       | Enter 1% of line 23   | 141.   | 391.  | 2,402.   |                                     |                  | 11,986.                         |
| 26       | Organizations described on lines 1  | Dor 11: a Enter 2% of a                                    | mount in column (e), lin                      | e 24 <sub></sub>                                     |                                     | 26a              |                                 |
| þ        | Prepare a list for your records to sho  | w the name of and amour                                    | it contributed by each pe                     | t200 fomet man a Ansan                               | line 06a                            | - (              |                                 |
|          | unit or publicly supported organization on the this list with your return.  | on) whose total gifts for 1:                               | i exects swenty.                              | 160 fila Sitindiit 2itemii iii                       | mie 20a.                            | 26b              | 232,569.                        |
| _        | Total support for section 509(a)(1) t   | , Einlei wie loldi vi dii vico:<br>oct Enterling 24 cohumn | (a)   | **************************************               |                                     | 26c              | 599,302.                        |
| =        | Add: Amounts from column (e) for fi   | nac 18 1   | 26 0 <i>47</i> 40                             |  |                                     |                  |                                 |
| u        | And Mindalls from Column (e) for a  | 22   | 26b   | 232,56   | <u>9.</u>                           | 261              | 368,616.                        |
| a        | Public support (line 26c minus line 2   |  |   |  | <b>_&gt;</b>                        | 26e              | 230,686.                        |
| 1        | Public support percentage (line 26)   | e (numerator) divided by                                   | line 26c (denominator))                       | * ******** ***********                               |                                     | 261              |                                 |
| 27       | Organizations described on line 12  | a For amounts included i                                   | n lines 15, 16, and 17 th:                    | at were received from a "c                           | disqualified person,                | prepa            | are a list for your             |
|          | records to show the name of, and to   | tal amounts received in ea                                 | ch year from, each "disqi                     | ualified person." Do not fi                          | ie this list with you               | r retu           | rn. Enter the sum of            |
|          | such amounts for each year:   | n/a  |   |  |                                     |                  |                                 |
|          | (2002)  | (2001)   |   | 000)   | (1999                               | ))               | *************                   |
| b        | For any amount included in line 17 to   | hat was received from each                                 | h person (other than "dis                     | qualified persons"), prepare                         | are a list for your re              | cords            | to snow the name of,            |
|          | and amount received for each year, t  | hat was more than the lai                                  | ger of (1) the amount o                       | n line 25 for the year or t                          | 2) \$5,000. (Include                | in inc           | swent weeping sag               |
|          | described in lines 5 through 11, as we the larger amount described in (1) o   | /eli as individuais.) Do not                               | tile this list with your re                   | aurn. Ailer Compunity of<br>compunite) for each year | e direience detwee                  | ii uic i         | pringont receives and           |
|          | (2002)  | (2), enter the Suit of the                                 | estra ann) esonarannu ac<br>(2)               | 100 Miliodinis) 101 6661 9661                        | (1999                               | 91               |                                 |
|          | Add: Amounts from column (e) for h  | nes 15   |   | 16   |                                     |                  |                                 |
| ·        | 47  | 20   |   | 21   |                                     | 27c              | N/A                             |
| đ        | Add: Amounts from column (e) for it 17  | 200  | i line 27b total                              |  |                                     | 274              | N/A                             |
| e        | Public support (line 27c total minus  | line 27d total)  |   | ******   |                                     | 27e              | N/A                             |
| f        | Total support for section 509(a)(2) to  | est: Enter amount on line :                                | 23, column (e)                                | <b>▶</b> 271   | N/A                                 |                  | us munitar                      |
| 9        | Public support percentage (lin  | e 27e (numerator) divi                                     | ided by line 27f (deno                        | ominator))   | <b>&gt;</b>                         | 27g              | N/A %                           |
| <u>h</u> | Investment income percentage  | e (line 18, column (e) (                                   | numerator) divided b                          | y line 27f (denomina                                 | tor))                               | 27h              | N/A %                           |
| •        | Unusual Grants: For an organization<br>o show, for each year, the name of the<br>your return. Do not include these gran   | e contributor, the date and<br>is in line 15.              | amount of the grant, and                      | a a pnet description of th                           | e nature or the gran                | 11. DG 1         | HOT HIS THE HEE MITT            |
|          | 1 12-05-03  | N(   | ONE   |  |                                     | SCREE            | ule A (Form 990 or 990-EZ) 2003 |

|            | DISABLED JOCKEYS FUND  |       |       |              |
|------------|--|-------|-------|--------------|
| Sched      | ule A (Form 990 or 990-EZ) 2003 BRANCH BANKING & TRUST COMPANY, TRUSTEE  |       |       | age 4        |
| Par        | Y Private School Questionnaire (See page 7 of the instructions )   | N/.   | A     |              |
|            | (To be completed ONLY by schools that checked the box on line 6 in Part IV)  |       |       |              |
|            |  |       | Yes   | No           |
| 29         | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing  |       |       |              |
| 1          | instrument, or in a resolution of its governing body?  | 29    |       |              |
| 30         | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,   |       | ;     | ,            |
|            | and other written communications with the public dealing with student admissions, programs, and scholarships?  | 30    |       |              |
| 31         | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of  |       |       | ′            |
| •          | solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known   | 1.    | ,, ,  | 12           |
|            | to all parts of the general community it serves?   | 31    | L     | <u> </u>     |
|            | If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)   |       | ,     | <i>"</i>     |
|            |  | _   / | ` ,   | ij           |
|            |  | '4    | ~     | ٦,           |
|            |  |       |       | ?            |
|            |  | ,     |       | $\downarrow$ |
| 32         | Does the organization maintain the following   | _   _ | , ,   | ٠,‴          |
| 3          | Records indicating the racial composition of the student body, faculty, and administrative staff?  | 32a   |       |              |
| h          | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  | 32b   |       |              |
| c          | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student  |       |       |              |
| •          | admissions, programs, and scholarships?  | 32c   |       |              |
| A          | Copies of all material used by the organization or on its behalf to solicit contributions?   | 32d   |       |              |
| 4          | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)   |       | ,     |              |
|            | n you and notice the total years and |       |       |              |
|            |  |       | "·.   | <b>!</b> .   |
| 33         | Does the organization discriminate by race in any way with respect to:   |       |       | ١.,          |
|            | Students' rights or privileges?  | 33a   |       |              |
| h          | Admissions policies?   |       |       |              |
| *          | Employment of faculty or administrative staff?   |       |       |              |
| ď          | Scholarships or other financial assistance?  |       |       |              |
|            | Educational policies?  |       |       |              |
| •          | Use of facilities?   |       |       |              |
| ,<br>a     | Athletic programs?   |       |       |              |
|            | Other extracurricular activities?  |       |       |              |
| "          | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)  |       |       | 3            |
|            | is line assent the to the same and business and summer for him recognising absent a sub-   | ``    | 13.   | 1%           |
|            |  |       | 1     | 2            |
|            |  |       | ڏ سال |              |
| <b>.</b> . | Does the association making any financial aid or seciciance from a novemmental angury?   | 34a   |       | 1            |

b Has the organization's right to such aid ever been revoked or suspended?

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2003

346

| n | TCA  | BILED | JOCKEYS    | FIND |
|---|------|-------|------------|------|
|   | 1.74 |       | III A BEIO | runu |

| Schedule A (Form 990 or 990-                   | Expenditures by Ele   | ecting Public Cha                       | rities (See pa    |                                       |  |                                       | Page 5<br>N/A                                      |
|--|---|---|-------------------|---------------------------------------|--|---------------------------------------|--|
|  | leted ONLY by an eligible organ<br>nization belongs to an affiliated  |   |                   | vou checke                            | "a" and "limited co                    | ntrof or                              | rovisions apply                                    |
|  | Limits on Lobbying E  | Expenditures                            |                   |                                       | (a)<br>Affilialed group                |                                       | (b) To be completed for ALL electing organizations |
| (The   | term "expenditures" means amo   | ounts paid or incurred.)                |                   | ,                                     | totals                                 |                                       | discring organizations                             |
|  |   |   |                   |                                       | N/A                                    |                                       |  |
|  | s to influence public opinion (g                                      |   |                   | 36<br>37                              |  |                                       | ·····  |
|  | s to influence a legislative body s (add lines 36 and 37)             |   |                   | 38                                    |  |                                       |  |
|  | s (add imes 36 and 37)<br>enditures                                   |   |                   | 39                                    |  |                                       |  |
|  | enditures (add lines 38 and 39)                                       |   |                   | 40                                    |  |                                       |  |
|  | unt Enter the amount from the   |   | •••••             |                                       |  | 7.1                                   |  |
| If the amount on line 40 is                    |   | g nontaxable amount is -                |                   |                                       |  | 1                                     | . •  |
| Not over \$500,000                             | 20% of the arr  | ount on line 40                         |                   |                                       |  | 1                                     | •  |
|  | 000,000 \$100,000 plus  |   |                   |                                       |  | 4                                     | were com   |
| Over \$1,000,000 but not over \$               | 1,500,000 \$175,000 plus  |   |                   | 41                                    |  |                                       |  |
| Over \$1,500,000 but not over \$               |   | 5% of the excess over \$1,500           |                   |                                       |  | 1                                     | ,  |
|  | \$1,000,000   |   |                   | 42                                    |  | ***                                   |  |
|  | ount (enter 25% of line 41)<br>16 Enter -0- If line 42 is more ti     |   |                   | 43                                    |  | 一十                                    |  |
|  | io Enter-0-11 line 42 is more to<br>38 Enter-0- if line 41 is more to |   |                   | 44                                    | ······································ | 1                                     |  |
| 44 DUNING TE SIM DANGUE .                      | O Citer of it line 41 is more to                                      |   |                   |                                       |  | 7                                     |  |
| Caution: If there is an a                      | mount on either line 43 or lin  | ne 44, you must file For                | m 4720.           |                                       |  | ` `                                   |  |
|  |   |   |                   |                                       | veraging Period                        |                                       | N/A  |
| Calendar year (or<br>fiscal year beginning in) | (a)<br>2003   | (b)<br>2002                             | (c)               |                                       | (d)<br>2000                            |                                       | (e)<br>Total                                       |
| 45 Lobbying nontaxable                         |   |   |                   |                                       | ,                                      |                                       | 0.   |
| amount   | ·   | <del></del>                             |                   | - amnomic a                           | S. 03                                  | · · · · · · · · · · · · · · · · · · · | 1  |
| 46 Lobbying ceiling amount                     |   |   | . `               | * · ·                                 |  | ٠,                                    | 0.   |
| (150% of fine 45(e))<br>47 Total lobbying      |   | <u> </u>                                |                   |                                       |  |                                       |  |
| expenditures                                   |   |   |                   |                                       |  |                                       | 0.   |
| 48 Grassroots nontaxable                       |   | *************************************** |                   |                                       | }                                      |                                       |  |
| amount   | <u> </u>  |   |                   |                                       |  |                                       | 0.   |
| 49 Grassroots ceiling amount                   | 1   | •                                       |                   |                                       | 1                                      |                                       | 0.   |
| (150% of line 48(e))                           |   |   | ·                 | · · · · · · · · · · · · · · · · · · · |  | <u> </u>                              | Y  |
| 50 Grassroots lobbying                         |   |   |                   |                                       |  |                                       | 0.   |
| expenditures Part VI-B Lobbying                | Activity by Nonelec   | ting Public Chari                       | ties              |                                       | <del></del>                            |                                       |  |
| (For reporting                                 | only by organizations that did  | not complete Part VI-A) (               | (See page 12 of t | ne instructi                          | ons.)                                  |                                       | N/A  |
| During the year, did the organia               | ation attempt to influence natio                                      | nal, state or local legislati           | on, including any | attempt to                            | Yes                                    | No                                    | Amount   |
| influence public opinion on a le               | gislative matter or referendum,                                       | through the use of:                     |                   |                                       | 1.00                                   |                                       |  |
| a Volunteers                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                | ********** * *** **** *********         |                   |                                       |  |                                       | •  |
|  | (Include compensation in expe   |   |                   |                                       |  | $\vdash$                              | · · · · · · · · · · · · · · · · · · ·              |
|  | determ methor methic  |   |                   |                                       |  | 1                                     |  |
|  | stators, or the publicor broadcast statements                         |   |                   |                                       |  |                                       |  |
|  | ns for lobbying purposes  |   |                   |                                       | t t                                    |                                       |  |
|  | ors, their staffs, government of                                      |   |                   |                                       |  |                                       |  |
|  | minars, conventions, speeches   |   |                   |                                       |  | L[                                    |  |
| 1 Total Johnving expenditure                   | s (Add lines & through h.)  |   |                   |                                       |  |                                       | 0.   |
| Maria and the server and these schools are     | , also attach a statement giving                                      | a detailed description of               | the lobbying acti | rvities.                              |  |                                       |  |

Schedule A (Form 990 or 990-EZ) 2003 BRANCH BANKING & TRUST COMPANY, TRUSTEE

| Par                                     | <del></del>                           |                                    |   | d Relationships With Noncharitab   | le                                     |  |
|---|---------------------------------------|------------------------------------|---|--|--|--|
|   |                                       | zations (See page 12 of the        |   | 45.45  |  | <del></del>                            |
|   |                                       |                                    |   | er organization described in section   |  |  |
|   | . ''                                  |                                    | is) or in section 527, relating to p  | oldical organizations?   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |  |
| 8                                       | Transfers from the reporting or       | ganization to a noncharitable      | exempt organization of:   | 6  | Yes                                    |  |
|   | (I) Cash,                             |                                    |   |  | 1a(I)<br>-/iii                         | X                                      |
|   | (ii) Other assets                     |                                    |   |  | <u> </u>                               | <del>  ^</del>                         |
| b                                       | Other transactions:                   |                                    |   | ĺ  | W                                      | v                                      |
|   |                                       |                                    |   | ******** * ******** * ** ***** * ***** *   | b(i)  <br>b(ii)                        | X                                      |
|   |                                       |                                    |   |  | p((())                                 | <del>  ^</del>                         |
|   |                                       |                                    |   |  | <del></del>                            | <del>  x</del>                         |
|   |                                       |                                    |   | - 1  | b(lv)                                  | X                                      |
|   |                                       |                                    |   |  | b(v)                                   | X                                      |
|   |                                       |                                    |   |  | c                                      | $\frac{\hat{x}}{x}$                    |
|   |                                       |                                    |   | at the second se | • !                                    | 1 4                                    |
|   | · · · · · · · · · · · · · · · · · · · |                                    |   | always show the fair market value of the   |  |  |
|   |                                       |                                    | ization. It the organization receive<br>raiue of the goods, other assets, ( | d less than fair market value in any   | N/                                     | n                                      |
|   | · · · · · · · · · · · · · · · · · · · | lent, Show in Column (u) the v     |   |  | 247.                                   | <u> </u>                               |
| (a)<br>Line n                           |                                       | Name of noncharts                  | (c)<br>ible exempt organization   | (d) Description of transfers, transactions, and shari  | ino accanoe                            | ements                                 |
| Citie (1                                | V. Announcement                       | THE THE WITHOUT THE                | ible evelible organization  | Observation of tentorio, transactions, and state   | ary arrange                            |  |
|   |                                       | <u> </u>                           |   |  |  |  |
|   |                                       |                                    |   |  |  |  |
|   |                                       |                                    |   |  |  |  |
|   |                                       | <u> </u>                           |   |  |  |  |
|   |                                       |                                    |   |  |  |  |
|   |                                       |                                    |   |  |  |  |
|   |                                       |                                    |   |  | <del></del>                            |  |
|   |                                       |                                    |   |  | <del></del>                            |  |
|   |                                       |                                    |   |  |  |  |
|   |                                       |                                    |   |  |  | ······································ |
|   |                                       |                                    |   |  |  |  |
|   |                                       |                                    |   |  |  |  |
|   |                                       |                                    |   | ,  |  |  |
|   |                                       |                                    |   |  | ***                                    |  |
|   |                                       |                                    |   |  |  |  |
|   |                                       |                                    | · · · ·   |  |  |  |
| 52 a                                    | Is the omanization directly or in     | directly affiliated with or relate | ed to, one or more tax-exempt on  | panizations described in section 501(c) of the   |  | <del></del>                            |
|   | Code (other than section 501(c        | · ·                                |   | <b>▶</b> [X] <b>y</b>  | es [                                   | □ No                                   |
| h                                       | If "Yes," complete the following:     | schedule:                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                     | ***************************************  | _                                      |  |
|   | (2                                    |                                    | (b)   | (c)  | ······································ |  |
|   | Name of on                            | anization                          | Type of organization  | Description of relationship  |  |  |
|   |                                       |                                    |   | JOCKEY'S GUILD, INC.   |  |  |
|   |                                       |                                    |   | ESTABLISHED A TRUST ON   | 1 JUL                                  | Y 1,                                   |
| JOC                                     | KEYS' GUILD, I                        | NC.                                | 501(C)(5)   | 1991 CALLED THE DISABI   |  |  |
| <del></del>                             |                                       |                                    |   | JOCKEYS FUND. BRANCH E   | BANKI                                  | NG &                                   |
|   |                                       |                                    |   | TRUST CO. IS PRESENTLY   |  |  |
| *************************************** |                                       |                                    |   | SOLE TRUSTEE. THE  |  |  |
|   |                                       |                                    |   | PRESIDENT OF JOCKEYS'  | GUIL                                   | D,                                     |
| <del></del>                             |                                       |                                    |   | INC. IS A MEMBER OF A  |  |  |
|   |                                       |                                    |   | COMMITTEE THAT ADVISES   |  |  |
|   |                                       |                                    |   | THE TRUSTEE OF THE NAM   | MES A                                  | ND                                     |
|   |                                       |                                    |   | PARTICULAR NEEDS OF DI   | LSABL                                  | ED                                     |
|   |                                       |                                    |   | JOCKEYS. GUILD   |  |  |
|   |                                       |                                    |   | PERSONNEL PERFORM MANA   | AGEME                                  | NT,                                    |
|   |                                       |                                    |   | ACCOUNTING AND OTHER S   |  |  |
|   |                                       |                                    |   | FOR THE FUND AT  |  |  |
|   |                                       |                                    |   | NO CHARGE.   |  |  |
| 323151<br>12-05-0                       | 3                                     |                                    |   | Schedule A (Form 99  | 0 or 990-E                             | Z) 2003                                |

# DISABLED JOCKEYS FUND BRANCH BANKING & T

| RM 990 G          | AIN (LOSS) FR | OM PUBLICLY T              | RADED SECURIT          | IES S              | TATEMENT  | 1    |
|-------------------|---------------|----------------------------|------------------------|--------------------|-----------|------|
| DESCRIPTION       |               | GROSS<br>SALES PRICE       | COST OR<br>OTHER BASIS | EXPENSE<br>OF SALE | NET GAIN  |      |
| CAPITAL GAINS     |               | 100,803.                   | 81,197.                | 0.                 | 19,60     | )6.  |
| CO FORM 990, PART | I, LINE 8     | 100,803.                   | 81,197.                | 0.                 | 19,60     | )6.  |
| DESCRIPTION       | <u></u>       |                            |                        |                    | AMOUNT    |      |
| JNREALIZED GAIN C | N INVESTMENTS | <b>3</b>                   |                        |                    | <20,60    | 00.: |
| COTAL TO FORM 990 |               | JE 20                      |                        |                    | <20,60    | 00.: |
| FORM 990 STATE    | MENT OF ORGAN | IIZATION'S PRI<br>PART III | MARY EXEMPT I          | PURPOSE S          | STATEMENT | 3    |

### PLANATION

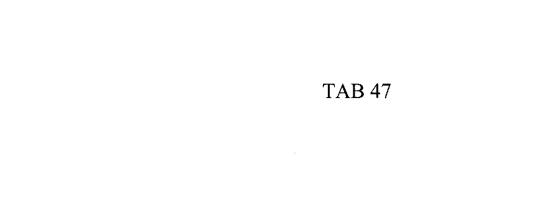
THE DISABLED JOCKEYS FUND PROVIDES FINANCIAL HELP TO JOCKEYS WHO ARE PERMANENTLY AND TEMPORARILY DISABLED.

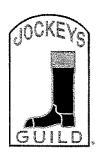
| FORM 990                | SPECIFIC ASSISTANCE TO INDIVIDUALS | STATEMENT 4 |
|-------------------------|------------------------------------|-------------|
| DESCRIPTION             |                                    | AMOUNT      |
| DISTRIBUTIONS TO OR FOR | OR JOCKEYS WHO ARE PERMANENTLY OR  | 100,261.    |
| TOTAL TO FORM 990, PAR  | RT II, LINE 23                     | 100,261.    |

#### DISABLED JOCKEYS FUND BRANCH BANKING & T

| OT 0T                           | HER | INVESTMENTS |         |       | STATEMENT | 5  |
|---------------------------------|-----|-------------|---------|-------|-----------|----|
| DESCRIPTION                     |     |             | VALUAT: |       | AMOUNT    |    |
| RANCH BANKING & TRUST COMPANY   |     |             | MARKET  | VALUE |           | 0. |
| OTAL TO FORM 990, PART IV, LINE | 56, | COLUMN B    |         |       |           |    |
|                                 | I   | FOOTNOTES   |         |       | STATEMENT | 6  |

THE DISABLED JOCKEYS' FUND IS TERMINATING IN 2004. ALL MONIES CURRENTLY IN THE FUND ARE BEING SPENT ON THE FUNDS' CHARITABLE PURPOSE. NO ADDITIONAL FUNDS ARE BEING SOLICITED.





24 September 2003

#### VIA FACSIMILE, E-MAIL, AND USPS

Marc A. Schultz, CPA
Piazza, Donnelly & Marlette, LLP
21707 Hawthorne Boulevard, Suite 301
Torrance, California 90503

RE: QUESTIONS REGARDING DISABLED JOCKEYS' FUND (12/31/2002)

Dear Marc,

The answers to your questions are as follows; please let me know if you need any additional information.

1. Are there any donor restrictions in connection with year 2002 contributions received?

The Disabled Jockeys' Fund does not generally accept donor restrictions, so there were no donor restrictions in connection with year 2002 contributions received.

2. Are there any receipts or acknowledgments provided to donors who contributed more than \$250 to the fund?

Yes, a thank-you-letter is sent to all contributors and it acknowledges the amount of the contribution.

3. Who is the \$125,913 contribution from? Is document support available for this deposit?

The contribution is from multiple people. We do have supporting document to show the itemization.

4. Why did benefit payments increase significantly from \$179,450 to \$838,707, in 2001 and 2002, respectively?

In 2001, the Disabled Jockeys' Fund provided only assistance for special circumstances to the permanently disabled members of the Jockeys' Guild; whereas in 2002, the Disabled Jockeys' Fund provided financial aid assistance to all disabled jockeys and assistance for medical bills and other special circumstances to the permanently disabled members.

5. We briefly discussed the benefit payment reimbursements being made to Jockeys Guild, Inc. Why did the accounting procedures change from the prior year? Can you provide detail that supports all of the related expenses?

The management of Jockeys' Guild, Inc. decided, in accordance with the trust agreement with Vine Street Trust (now Branch Banking & Trust), to change the benefits payments from the Disabled Jockeys' Fund as shown in the answer to question number four, thereby changing the accounting procedures from the prior year. Detail supporting the related expenses can be provided.



Marc A. Schultz, CPA Page 2 24 September 2003

6. How were distributions to beneficiaries determined? These include monthly distributions to jockeys, extra benefits payments to jockeys, and other miscellaneous payments for various items. Does Jockeys Fund disburse funds based on receipts or requests submitted by jockeys?

Distributions to beneficiaries were determined in the same manner as in previous years. As before, \$250 is the amount of monthly financial aid paid to the permanently disabled unless they were injured in California, in which case they receive \$1000. Additionally, if they are enrolled in Medicare, they receive a reimbursement of \$60 for their monthly premium, except in California. Extra benefits are paid to the permanently disabled if their total household income is less than \$18,000 per annum. Benefits are also reduced if the permanently disabled have a large household income from either a spouse or a settlement from the injury.

Other payments are made to the permanently disabled jockeys based on need; if a permanently disabled jockey has other medical expenses, or a special need case, they submit either receipts or call with a request for reimbursement or payment of other expenditures.

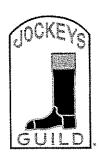
In the case of temporary disability, jockeys injured in non-workers'-compensation states receive \$200 per week in disability, which is paid according to the payments made by the jockeys' on-track disability policy held by the racetracks. Jockeys injured in states with workers' compensation receive \$100 per week, which is paid according to copies of the check stubs from the workers' compensation plans submitted by the jockeys.

7. Please describe the benefit payment authorization process.

The benefit payments to the permanently disabled jockeys are authorized by the Disabled Jockeys' Committee if they exceed \$500, otherwise they can be authorized by Albert Fiss or Dr. Gertmenian. The payments to the temporarily disabled jockeys are paid according to the payments made by other insurance companies; for example, if the on-track insurance company, Preferred Care, Inc. pays for two weeks, the jockey is paid for two weeks.

8. How is a Jockey determined to be disabled? What documents are available for support?

A jockey is determined to be permanently disabled if he or she is declared as such by the Social Security Administration; the documents from the Social Security Administration are on file. The on-track insurance carriers determine eligibility for temporary disability benefits; the documents showing disability dates are on file.



Marc A. Schultz, CPA Page 3 24 September 2003

9. Why did the Fund change trustees from Vine Street to Branch Banking & Trust Co.?

Branch Banking & Trust Co. (BB&T) acquired Vine Street Trust.

Again, if you need supporting document for the above questions, let me know.

Sincerely,

JOCKEYS' GUILD, INC.

Stephen J. Rice Controller & CFO

cc: L. G. Marlette, Jr.



#### AGREEMENT



The Jockeys' Guild, Inc. (hereinafter "the Guild") was incorporated in 1940 to address the health and welfare of jockeys and their families. It currently has a Board of Directors of 27 jockeys, including an Executive Committee of nine members.

Matrix Capital Associates, Inc. (hereinafter "Matrix") was incorporated in 1981 to advise clients on matters of investments, negotiations, and management. All personnel have advanced degrees in a variety of professions including law, finance, economics, business, accounting, and management. Dr. L Wayne Gertmenian is Chairman and CEO.

The Guild employs a business staff to act on its behalf. On 15 June 2001, the Executive Committee, at a meeting with all members present, voted unanimously to hire Matrix to be its independent operating manager.

NOW, THEREFORE, pursuant to this decision, the parties hereto agree as follows:

The Guild hereby hires Matrix and Matrix agrees to serve the Guild as its manager, commencing at 11:00 p.m. (Pacific Time), 15 June 2001, for a period ending December 31, 2001, with extensions as hereinafter provided.

Matrix will be responsible for all business affairs of the Guild subject to the Guild's By-Laws and Articles of Incorporation. Matrix will operate the Guild's offices immediately, make a comprehensive inventory, and audit the Guild's affairs. Matrix will manage all financial matters of the Guild, and in that capacity, its agents are authorized to become signatories on all Guild bank accounts.

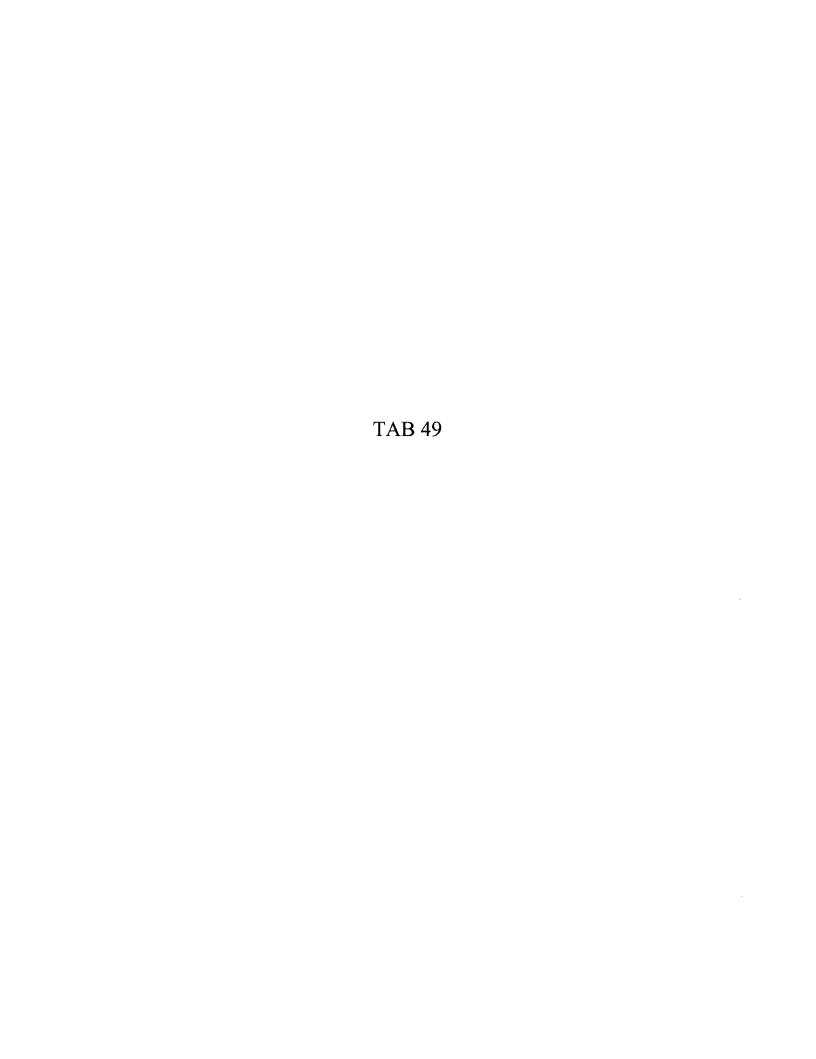
Matrix shall determine which recently terminated Guild employees if any, will be rehired and those to whom it will extend severance packages, conditional upon obtaining a comprehensive release from each employee designated for receipt of a severance package. Matrix shall seek to negotiate an agreement with John Giovanni subject to the approval of the Executive Committee, settling all outstanding rights and duties between the Guild and Mr. Giovanni.

The Guild shall pay Matrix for the performance of their management services, the sum not to exceed the pro-rated budgetary amount previously scheduled for the payment of all the Guild employees' wages and fringe benefits. The Guild will also be responsible for all necessary and customary expenses incurred by Matrix.

On or before 31 October 2001, the parties agree to determine whether to extend Matrix's contract beyond 31 December 2001, and the terms and conditions thereof, or, in the alternative, to select a management team to succeed Matrix on 1 January 2002. If the Executive Committee is unable to make this determination by 31 October 2001, the contract with Matrix will automatically be extended by 90 days beyond 31 December 2001, to permit time for the Guild and Matrix to complete a new agreement.

| MATRIX CAPITAL ASSOCIATES, INC.     | JOCKEAS, GAITD INC.  |
|-------------------------------------|--|
| by: Mayne Gertmenian, Chairman Date | by: Date  by: Michael McCarthy, Vice-President Date  by: Date  by: |
|                                     | by: Chris McCarron, Member-at-Large Date                           |

000452



#### **AGREEMENT**

The Jockeys' Guild, Inc. (hereinafter "the Guild") was incorporated in 1940 in New York, and reincorporated in 2002 in Nevada. The Guild's corporate purpose is stated in its By-Laws:

"The Guild promotes, protects, and serves the welfare and prestige of the American professional jockey community with integrity, equity, and justice."

Matrix Capital Associates, Inc. (hereinafter "Matrix") was incorporated in 1982 in California. Its corporate purpose is to advise clients on matters of investments, negotiations, and management. Matrix personnel have advanced degrees in a variety of professions, including law, finance, economics, business, accounting, and management. Dr. L. Wayne Gertmenian is Chairman and CEO.

On 15 June 2001, the Guild's Executive Committee, at a meeting with all members present, voted unanimously to hire Matrix as its interim operating manager. On 11 December 2001, the Guild's Board of Directors, at a meeting with all members present, voted unanimously to hire Matrix for the succeeding three years.

Prior to the employment of Matrix, the Guild was in perilous financial condition. Accordingly, Matrix provided services at far below customary rates during the past transitional period. The Guild's Board unanimously resolved on 3 December 2002 to compensate the Matrix staff at customary rates when future revenues permit. It is clear that the Guild is now in excellent financial condition.

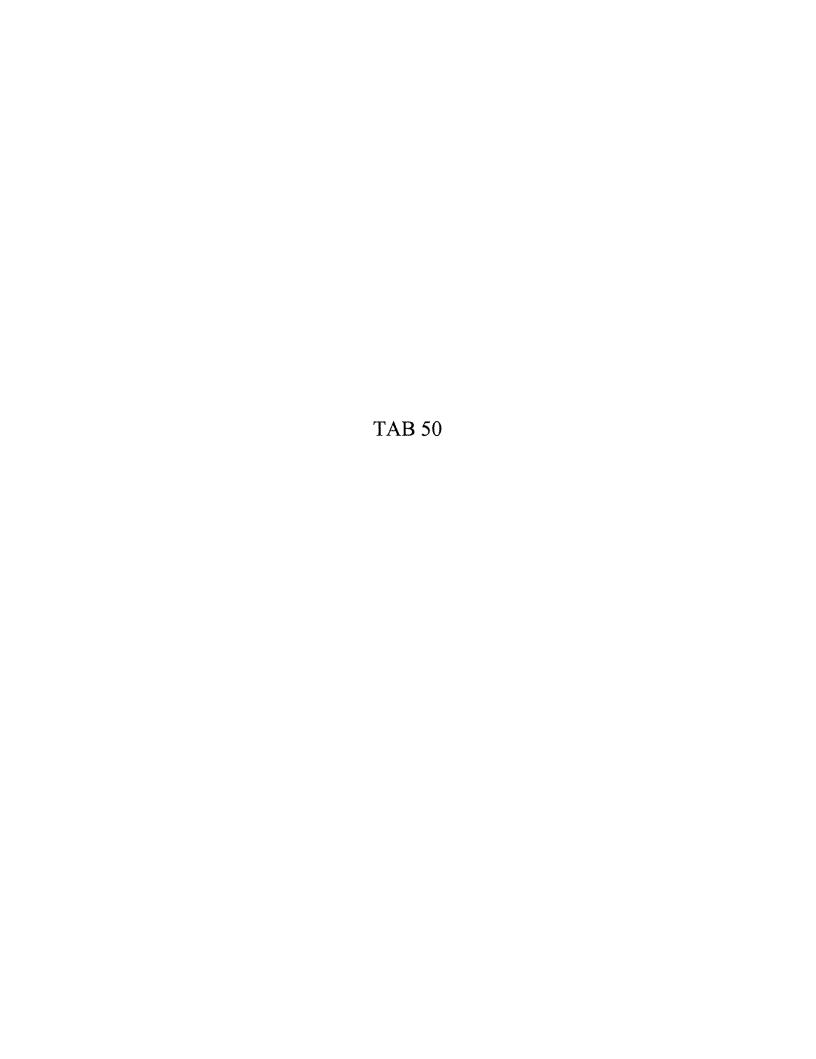
The Guild recognizes and agrees that Dr. Gertmenian and his associates, while serving the Guild, have provided and will continue to provide, consulting services to other clients, and that Dr. Gertmenian will retain his position as Distinguished Professor of Economics at Pepperdine University.

# NOW THEREFORE, the parties hereto agree as follows:

- The Guild and Matrix hereby agree that Matrix will continue as the Guild's independent operating manager for a three-year term commencing 1 January 2004 and ending 31 December 2006.
- 2. Subject to the Nevada Articles of Incorporation and the Guild's By-Laws, the Guild shall employ Dr. Gertmenian as President and Chief Executive Officer to perform all the customary functions of a CEO. Dr. Gertmenian will hire all employees of the Guild; and will employ all professional, lobbying, and technical consultants as required, including Matrix personnel.
- 3. The Guild will provide *Directors and Officers Insurance* for Dr. Gertmenian, Matrix, Matrix consultants, and the Guild's Directors. The Guild will continue to provide legal representation to Dr. Gertmenian, Matrix, and those individuals acting on the Guild's behalf since 1 March 2001 to the full extent permitted by the applicable Non-Profit and Not-for-Profit Corporate Law.

- 4. Effective 1 January 2004, the Guild shall pay to the benefit of Dr. Gertmenian:
  - a. An annual salary of One Hundred and Sixty Thousand Dollars (\$160,000.00) paid monthly, such salary to be re-negotiated on or before 31 December 2004;
  - b. Premiums for reasonable and customary Disability Insurance;
  - Premiums of Twelve Thousand Dollars (\$12,000.00) per year for Life Insurance, the beneficiaries to be designated by Dr. Gertmenian;
  - d. A leased car with a cost to the Guild not to exceed Five Hundred Dollars (\$500.00) per month, plus the cost of auto insurance; and
  - e. All reasonable and customary business expenses.
- 5. Should Dr. Gertmenian continue in his position of President and CEO beyond 31 December 2003, it is understood that, to the extent legally possible and mutually beneficial, he shall be added to the current pension plan of the Guild and given credit for service rendered from 15 June 2001.
- 6. On or before December 31<sup>st</sup> of each year, and as permitted by the By-Laws, both parties agree to re-negotiate, extend, or terminate this contract. In the absence of such agreement by said date, this contract shall be extended for one year and yearly thereafter, until the parties reach an agreement or agree to terminate this contract. Either party must provide thirty (30) days written notification of termination, and, in that event, the Guild shall immediately pay the balance of Dr. Gertmenian's salary owing on the contract then in force.
- 7. In the event that Dr. Gertmenian ceases to be the Guild's CEO, Matrix will continue to provide its management services at the will of both parties. If either the Guild or Matrix choose to terminate the management services of Matrix, the Guild will pay Matrix an amount equal to the consulting fees charged during the six months immediately prior to that termination. This payment shall be made within thirty (30) days of written notification by either party.
- 8. Matrix will lease office space to the Guild for ten (10) years in California to replace the combined space leased or rented by the Guild, including the principal business office, storage, and apartments, and temporary facilities in California. The first year's rental amount shall not exceed \$97,464.00; i.e., the total rents budgeted for 2003. Matrix shall provide details regarding the premises to the Chairman for approval within seven (7) days. The approval shall not be withheld without good cause.
- 9. This agreement is the entire agreement between the parties and supersedes all prior agreements, understandings, statements, or representations, whether written or oral; may not amended, altered, or changed except in writing signed by both parties; and shall be governed by the laws of the State of California.

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|--|-------------------------------|----------|
| <br>THE JOCKEYS' GUILD INC   | MATBIX CAPITAL ASSOCIAT       | ES. INC. |
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| by Osh Osh All Date  | L. Wayne Gertmenian, Chairman | Date     |
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On 15 June 2001, the Guild's Executive Committee, at a meeting with all members present, voted unanimously to hire Matrix as its interim operating manager. On 11 December 2001, the Guild's Board of Directors, at a meeting with all members present, voted unanimously to hire Matrix for the succeeding three years. On 3 December 2003, the agreement with Matrix was extended through 2006.

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Prior to the employment of Matrix, the Guild was in perilous financial condition. Accordingly, Matrix provided services at far below customary rates during the past transitional period. The Guild's Board unanimously resolved on 3 December 2002 to compensate the Matrix staff at customary rates when future revenues permit.

The Guild recognizes and agrees that Dr. Gertmenian and his associates, while serving the Guild, have provided and will continue to provide, consulting services to other clients, and that Dr. Gertmenian will retain his position as Distinguished Professor of Economics at Pepperdine University.

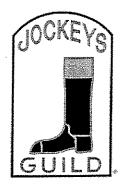
# NOW THEREFORE, the parties hereto agree as follows:

- 1. The Guild and Matrix hereby agree that Matrix will continue as the Guild's independent operating manager for a four-year term commencing 1 January 2005 and ending 31 December 2008.
- 2. Subject to the Nevada Articles of Incorporation and the Guild's By-Laws, the Guild shall employ Dr. Gertmenian as President and Chief Executive Officer to perform all the customary functions of a CEO. Dr. Gertmenian will hire all employees of the Guild; and will employ all professional, lobbying, and technical consultants as required, including Matrix personnel.
- 3. The Guild will provide *Directors and Officers Insurance* for Dr. Gertmenian, Matrix, Matrix consultants, and the Guild's Directors. The Guild will continue to provide legal representation to Dr. Gertmenian, Matrix, and those individuals acting on the Guild's behalf since 1 March 2001 to the full extent permitted by the applicable Non-Profit and Not-for-Profit Corporate Law.

- 4. Effective 1 January 2005, the Guild shall pay to the benefit of Dr. Gertmenian:
  - a. An annual salary of one hundred and seventy-five thousand dollars (\$175,000) paid monthly, such salary to be re-negotiated on or before 31 December 2005;
  - b. Premiums for reasonable and customary Disability Insurance;
  - Premiums of Twelve Thousand Dollars (\$12,000.00) per year for Life Insurance, the beneficiaries to be designated by Dr. Gertmenian;
  - d. A leased car with a cost to the Guild not to exceed six hundred dollars (\$600.00) per month, plus the cost of auto insurance; and
  - e. All reasonable and customary business expenses.
- 5. To the extent legally possible, Dr. Gertmenian shall be included in the current pension plan of the Guild and given credit for service rendered from 15 June 2001.
- 6. On or before December 31<sup>st</sup> of each year, and as permitted by the By-Laws, both parties agree to re-negotiate, extend, or terminate this contract. In the absence of such agreement by said date, this contract shall be extended for one year and yearly thereafter, until the parties reach an agreement or agree to terminate this contract. Either party must provide thirty (30) days written notification of termination, and, in that event, the Guild shall immediately pay the balance of Dr. Gertmenian's salary owing on the contract then in force.
- 7. In the event that Dr. Gertmenian ceases to be the Guild's CEO, Matrix will continue to provide its management services at the will of both parties. If either the Guild or Matrix choose to terminate the management services of Matrix, the Guild will pay Matrix an amount equal to the consulting fees charged during the six months immediately prior to that termination. This payment shall be made within thirty (30) days of written notification by either party.
- 8. Matrix shall provide office and storage space to the Guild at the prevailing market rate for as long as this contract remains in effect.
- 9. This agreement is the entire agreement between the parties and supersedes all prior agreements, understandings, statements, or representations, whether written or oral; may not be amended, altered, or changed except in writing signed by both parties; and shall be governed by the laws of the State of California.

| THE JOOKEYS STILLD, INC. |           | MATRIX CAPITAL A SOCIA                          | TES, INC.        |
|--------------------------|-----------|---|------------------|
| by Harris Staffing       |           | by Charle Leffren  L. Wayne Gertmenian Chairman | 7 Dec 04<br>Date |
| David Shepherd, Chairman | Date Date |   | 12-7·04          |
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| hor Edward Pour land     | 12/2/04   | by  | 7                |





# JOCKEYS' GUILD, INC.

PO BOX 150 · MONROVIA, CALIFORNIA 91017-0150, USA phone | 626.305.5605 · facsimile | 626.305.5615

# FAX cover sheet

FROM: TO: Stephen J. Rice TOMEY SWAN DATE: COMPANY: Monday, July 14, 2003 JOCKEYS' GUILD, INC. TOTAL NO. OF PAGES INCLUDING COVER: **FAX NUMBER:** 4 505-378-5430 RE: PHONE NUMBER: MATRIX INVOICES 580-795-3075

#### COMMENTS:

Ms. Swan-

I have three invoices from Matrix Capital Associates that need approval from the Board before disbursing funds. Please sign the three invoices with the word APPROVED and fax them back to me. Thanks!

Steve

The information contained in this communication may be privileged, confidential, and protected from disclosure under applicable law. If the reader of this communication is not the intended recipient, or an employee or agent responsible for delivering this communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender by telephone and destoy the facsimile copy immediately.



4 Hidden Valley Road, Monrovia, CA 91016 626-359-2178



# INVOICE

To:

Jockeys' Guild of America

Re:

Services Rendered for the Month of June

Date:

16 July 2003

Amount Due:

\$38,000

Payable upon receipt



4 Hidden Valley Road, Monrovia, CA 91016 626-359-2178



# INVOICE

To:

Jockeys' Guild of America

Re:

Services Rendered for the Month of May

Date:

16 June 2003

Amount Due:

\$38,000

Payable upon receipt

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4 Hidden Valley Road, Monrovia, CA 91016 626-359-2178



# **INVOICE**

To:

Jockeys' Guild of America

Re:

Services Rendered for the Month of April

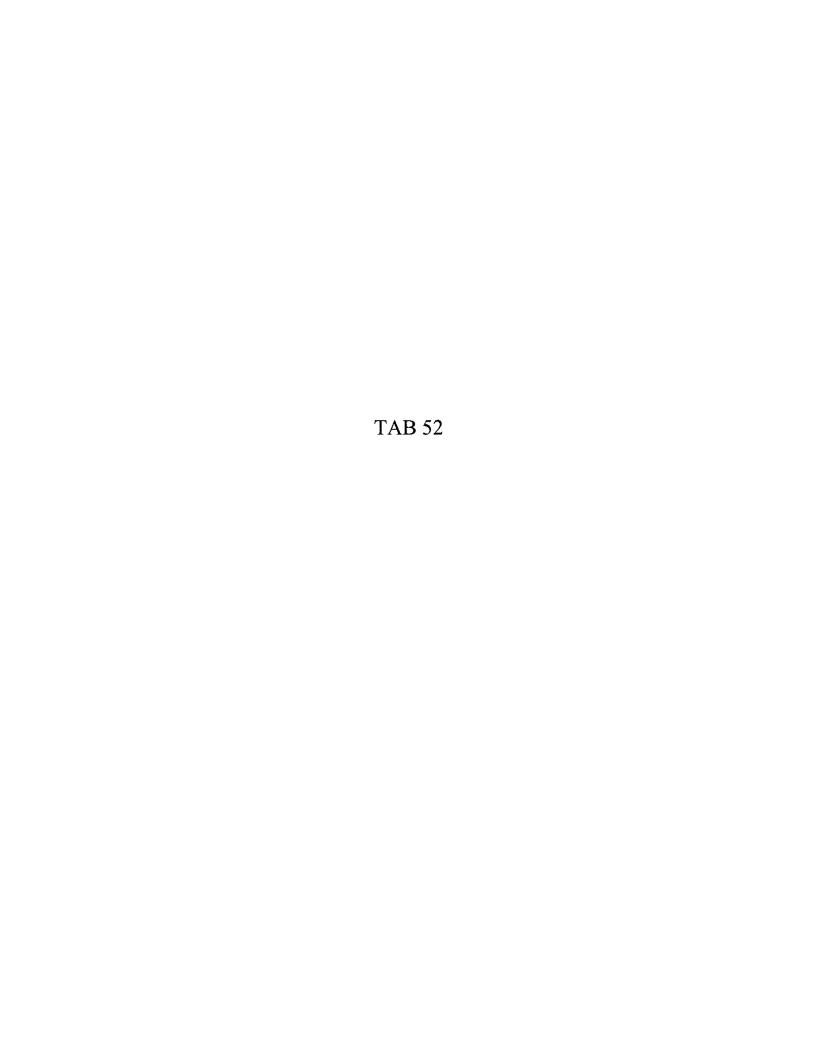
Date:

16 May 2003

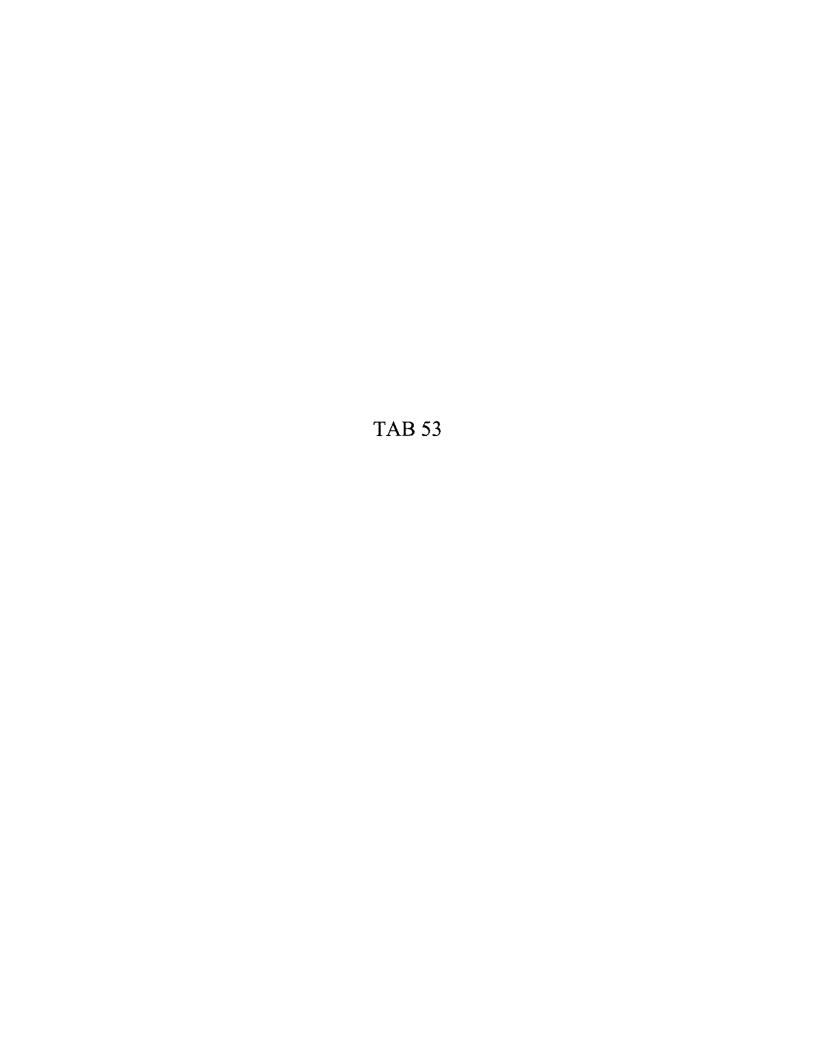
Amount Due:

\$38,000

Payable upon receipt



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To the Board of Directors of The Jockey's Guild

I understand you are considering whether or not to approve a proposed contract extending the Guild's existing contract with Matrix Capital. As you know, I reviewed the draft contract prepared by Dr. G and then provided to your Chairman a revised draft which addressed several of the deficiencies (from the viewpoint of the Guild) in Dr. G's draft. In considering how hard you want to press Matrix on these changes, or whether you wish to press for additional provisions in favor of the Guild, or even whether you wish to refuse to enter into any contract extension at this time, you will probably want to consider the Guild's rights and obligations under the existing contract with Matrix that was entered into in December 2001 (the "Existing Agreement").

- 1. The Existing Agreement is for a three-year term, ending December 31, 2004. During that term, Matrix is supposed to act as the Guild's "independent operating manager," but it is not clear what duties Matrix is supposed to perform (separate from the services that are to be provided by Dr. G) or what the Guild has agreed to pay Matrix for those services. I understand that this may be covered by a separate agreement between the Guild and Matrix, but I have not seen that agreement.
- 2. The Existing Agreement also provides that the Guild will employ Dr. G as its President and CEO, even though there does not appear to be any direct employment agreement between the Guild and Dr. G. Although the Existing Agreement is somewhat ambiguous, it seems to provide that such employment is to be for the same three-year term as is the agreement with Matrix, ending in December 31, 2004. The Existing Agreement does not indicate when Dr. G would be permitted to resign as the Guild's President, or when the Guild would be permitted to terminate him. However, if Dr. G ceases to be the Guild's CEO (presumably, whether this is due to his death, disability, resignation or termination), then Matrix is still supposed to continue as the Guild's "independent operating manager," although either the Guild or Matrix is permitted to terminate that "independent operating manager" arrangement if at any time thereafter.
- 3. For his services as the Guild's President and CEO, Dr. G is to receive an annual salary of \$75,000, premiums to pay his disability insurance, premiums (\$12,000) for his life insurance, a leased car (at a cost of not more than \$500 per month) and payment of his "reasonable and customary" business expenses. Dr. G is also supposed to be added to the Guild's pension plan, effective as of June 15, 2001, if he is still President and CEO of the Guild after December 31, 2004.
- 4. Dr. G's salary was supposed to be "re-negotiated" on or before June 30, 2002. I am not aware whether or not this salary was, in fact, re-negotiated. If not, this might give Dr. G cause to resign as President and CEO and might give Matrix a right to terminate the Existing Agreement, although this is not clear from the agreement.
- 5. The Existing Agreement contemplates that the Guild will close its Lexington office (I assume this has already occurred), and that Matrix "will" lease office space in California to the Guild for ten years at an amount that does not exceed \$97,464 per year. Matrix is supposed to provide "details" about the proposed lease premises to the Chairman of the Guild,

who would then have 7 days to approve or reject, with any disapproval requiring "good cause." I am not aware whether or not office space has yet been offered by Matrix to the Chairman (the Existing Agreement is silent as to when Matrix is supposed to do so) and, if it has, whether or not the space, and lease terms, has been found suitable by the Chairman. If so, a written lease should be entered into as soon as possible, specifying exactly what premises are covered, what the actual rent will be (although \$97,464 is specified as the maximum, the actual rent should not exceed "fair rental value" for the space), what services, if any, are to be provided by the landlord, and other provisions commonly found in a lease for office space. If there has not yet been any agreement as to the space to be leased, or as to the rent and other terms of the lease, the Existing Agreement leaves open a lot of issues that still need to be addressed. If Matrix will not (or cannot) provide space deemed suitable by the Guild, at a rent and on terms deemed suitable by the Guild, it is unclear whether or not the Guild is then free to find other suitable space to lease from some third party landlord.

- 6. The Guild and Matrix agreed to "re-negotiate, extend, or terminate" the Existing Agreement on or before each December 31. Thus, the first such re-negotiation was required to occur by December 31, 2002. I assume the current discussions are intended to satisfy this obligation.
- 7. If the Guild and Matrix are unable to reach an agreement to "re-negotiate, extend, or terminate" the Existing Agreement by December 31, 2002 (of course, they can continue to negotiate beyond that date if both parties are willing, as appears to be the case), it is unclear what happens to the Existing Agreement. There is no express provision permitting either party to terminate, although that is what seems to be contemplated. If the Existing Agreement is terminated, then so, presumably, would be the obligation by Matrix to rent space to the Guild, and the obligation by the Guild to rent space from Matrix, unless a lease had already been entered into by the parties before such termination.
- 8. If either Matrix or the Guild terminates the Existing Agreement (although, as indicated, neither of them is actually given a right to do so), then the Existing Agreement seems to contemplate that Dr. G will cease to act as the Guild's President and CEO, although it does not say so specifically. In that event, the Guild is obligated to pay to Dr. G the balance of his three-year's salary. I would read this as being salary only (i.e., \$6,250 times the number of months between the termination and December 31, 2004), and not any of his other benefits (disability insurance, life insurance, rental car, etc.). Such payment is due within 90 days "of written notification by either party," and I assume that Matrix would demand such payment, on Dr. G's behalf, as soon as the Existing Agreement were terminated.
- 9. If the Guild and Matrix are unable to reach a mutually satisfactory agreement to "re-negotiate, extend, or terminate" the Existing Agreement by December 31, 2002, then even if the Existing Agreement is <u>not</u> terminated, then either party (presumably Matrix) can still give notice to the other (the Guild) requiring payment to Dr. G, within 90 days thereafter, of the balance of his three year's of salary. Although it does not say so explicitly, I read this as also permitting the Guild to terminate Dr. G as its President and CEO, by giving notice to Matrix any time after December 31, 2002, if the Guild and Matrix are unable to agree on a new agreement (although the balance of the three year's of salary would still have to be paid to him).

In summary, it appears (despite the several ambiguities in the Existing Agreement) that

- <u>if</u> the Guild and Matrix are unable hereafter to reach a mutually satisfactory agreement to "re-negotiate, extend, or terminate," then <u>either party</u> will be able to terminate the Existing Agreement by giving notice to the other.
- If <u>Matrix</u> were to terminate, Dr. G would presumably resign as President at the same time. Even if Dr. G did not resign, the termination of the Existing Agreement would probably permit the Guild to terminate Dr. G as its President and CEO. In either event, the Guild would have to pay Dr. G the balance of his three years of salary.
- If the Guild were to terminate, then the Guild could also terminate Dr. G's services as President and CEO. Even if the Guild chose not to do so, Dr. G would undoubtedly be permitted to resign if he wished to do so. In either event, the Guild would have to pay Dr. G the balance of his three years of salary.
- If any lease had been entered into by Matrix and the Guild before such termination, it would remain in effect. If, however, no such lease had been entered into before such termination, Matrix would no longer have an obligation to lease space to the Guild and the Guild would no longer have an obligation to lease space from Matrix.
- If <u>neither party</u> chooses to terminates the Existing Agreement, despite their inability to reach a mutually satisfactory agreement to "re-negotiate, extend, or terminate," then the terms of the Existing Agreement, including Dr. G's employment as an officer at the specified salary and perks, would remain in effect until December 31, 2004.

I would be pleased to discuss any of the above matters at a meeting with the Board members if that would be useful to you.

Steve Blitz